

CDC in Tanzania

Factsheet



Staffing
10 U.S. Assignees
48 Locally Employed

Impact in Tanzania

- Over 197,126 persons are currently receiving HIV treatment; 18,862 pregnant women have received medication to reduce transmission to their babies since 2010
- 65,280 boys and men have been circumcised to prevent new HIV infections
- 1996: last case of wild poliovirus was reported in Tanzania
- Decrease in malaria from 18% to 10% in children 6-59 months in 2011-2012



The Centers for Disease Control and Prevention (CDC) has worked with the United Republic of Tanzania and more than 60 partner organizations since 2001 to address HIV, malaria, and other health threats by providing technical and financial assistance supporting service delivery, by strengthening health systems and infrastructure, and by utilizing strategic information. CDC supports HIV care and treatment, HIV counseling and testing, prevention of mother-to-child transmission (PMTCT) of HIV, tuberculosis (TB) services, laboratories, research, development of the National Blood Transfusion Services, and activities that target key populations most at risk for HIV.

Top 10 Causes of Death in Tanzania

1. Cancer	15%	6. HIV	3%
2. Ischemic Heart Disease	13%	7. Diarrheal Diseases	3%
3. Stroke	11%	8. Road Injuries	3%
4. Chronic Obstructive Pulmonary Disease	6%	9. Tuberculosis	2%
5. Lower Respiratory Infections	5%	10. Malaria	2%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

HIV Prevention, Testing, and Counseling

Through the US President's Emergency Plan for AIDS Relief (PEPFAR), CDC supports the ministries of health (MOHs) on the mainland and Zanzibar in implementing effective and efficient HIV programs, developing new guidelines and strategies to offer treatment to all HIV-positive pregnant women, and expanding prevention services to key populations. Other support includes improving and expanding HIV/counseling and testing services, TB/HIV integrated service delivery, blood safety services, early infant diagnosis, and strengthening health systems including building country capacity in workforce development, high quality laboratory networks, epidemiology, surveillance, health information systems, and monitoring and evaluating program performance and adapting services to changes in the local epidemic.

Influenza

Tanzania began avian and pandemic influenza preparedness and response activities in 2006 with creation of a national multi-sectional taskforce and development of a national preparedness and response plan. In 2008, the Ministry of Health and Social Welfare through the Epidemiology and Diseases Control Section, with the assistance of US CDC, established the National Influenza Laboratory in Dar es Salaam and initiated virologic and epidemiologic influenza sentinel surveillance in five hospitals around the country. This surveillance enhancement contributed to the country's timely response to Rift Valley fever in 2007, the 2009 H1N1 influenza pandemic, and the dengue fever outbreak in 2010.



Tanzania at a Glance

Population:	46,218,500
Per capita income:	\$1,360
Life expectancy at birth women/men:	57/56 yrs
Infant mortality rate:	51/1000 live births

Population Reference Bureau World Population Data Sheet, 2011

Malaria

As part of the U.S. President's Malaria Initiative, CDC with USAID assigned a resident advisor to Tanzania to support the MOHs in implementing malaria prevention and control interventions, including providing long-lasting insecticide mosquito nets and indoor residual spraying; preventing malaria in pregnancy; improving diagnostics and case management; and monitoring and evaluating malaria-related activities. CDC provided technical support for the field epidemiology laboratory training program (FELTP) and provided assistance to the National Institute for Medical Research and to Ifakara Health Institute in developing an insecticide resistance plan in insecticide resistant areas. Early treatment failure rates associated with early resistance to artemisinins are being monitored and CDC is also evaluating artemisinin combination therapies on malaria transmission, case management, and clinical management of malaria rapid diagnostic tests.

Reproductive Health

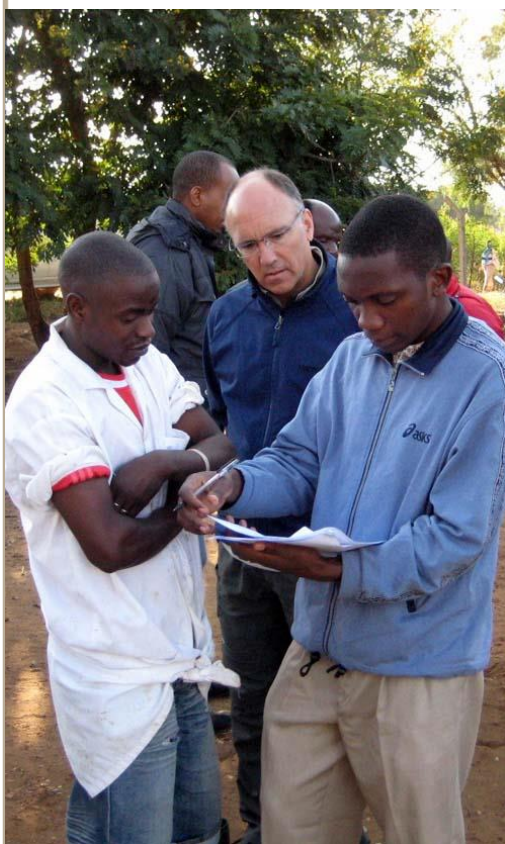
CDC supports training and using clinical officers to perform cesarean sections and other types of emergency obstetric care in two districts of Tanzania. Its Division of Reproductive Health (DRH) provides surveillance of maternal mortality in low resource settings and monitors and evaluates this activity by assessing the impact in intervention facilities. With FELTP, DRH plans to strengthen applied epidemiology capacity to respond to reproductive, maternal, and newborn health (RMNH) issues with an emphasis on maternal mortality, and to build a sustainable RMNH workforce. DRH's strategies are training and capacity building, providing scientific and technical assistance, and networking and partnerships. DRH developed a short course on RMNH epidemiology for FELTP residents in 2012 and is developing an RMNH fellowship for recent graduates.

Neglected Tropical Diseases

A three-country study of mass drug administration (MDA) programs is being conducted in Kenya, Tanzania, and Mozambique. In Tanzania the study objectives are determining whether one round of MDA with azithromycin for lymphatic filariasis programs can interrupt trachoma transmission and demonstrating the benefits of an integrated NTD program in measuring disease prevalence and monitoring changes in parasite-specific antibody levels. In 2012, CDC conducted two studies, one in the Kongwa district and one in the Rombo district to validate monitoring trachoma programs.

Emerging Infections, Vaccine Preventable Diseases, Laboratory Support

CDC supports strengthening laboratory infrastructure and building capacity of laboratorians for HIV diagnosis, disease staging, therapeutic monitoring, and quality assurance. With CDC assistance, more than 700 facilities with laboratory services have been strengthened, and 18 of those facilities have completed a training and mentorship program towards accreditation. CDC also helped to launch the Lab Logistics System, which provides critical data on laboratory consumption to assist with tracking, managing, and resupplying laboratory materials. Some activities include an \$84,000 grant through the CDC Foundation to assess the effectiveness and safety of rotavirus vaccine, Epi-AID to assess the burden of illness and geographic distribution of nodding syndrome in the Mahenge region of southern Tanzania, and technical and financial support for polio eradication and measles pre-elimination activities.



Publication Date: June 2013

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